ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

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ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

INTRODUCTION

The National Standard Format (NSF) for Electronic Remittance Notices (ERNs) is a "flat-file" data set for sending remittance notices to non-institutional health care providers. The data set is composed of required data elements as well as optional data elements. The data set is a set of record segments, each 320 positions in length. Payments accompanying the NSF ERNs are always credit transactions, meaning funds move from the payor (originator) to the payee (receiver). Note that the NSF ERN is not approved to move through the banking network (Automated Clearing House - ACH) at this time.

In earlier versions of the NSF ERNs, a negative sign placed before an adjustment amount indicated a reduction to payment and a positive sign indicated an increase to payment. However, with the increasing need to be more consistent with the 835 Electronic Remittance Notice, signing of adjustments in records 450, 451, 500 and 700 will now be as follows:

>   Positive signing of adjustments will reduce payment.

>   Negative signing of adjustments will increase payment.

Assigned and unassigned claims for each 200-07.0 "Billing" Provider Number should be sorted separately. Use the assignment indicator in 500-24.0 to sort the claims. Assigned claims should be sorted first, followed by unassigned claims.

Assigned claims should be written within a BATCH of 200 thru 800 records with a value of "1" written to 200-19.0. Unassigned claims should be written within a BATCH of 200 thru 800 records with a value of "0" written to 200-19.0.

The sorting and batching of assigned and unassigned claims is required for Medicare Part B claims.

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RECORD DESCRIPTIONS

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FILE LAYOUT


```
-----------------100 - File Header Record ..........Receiver
|
|   -------------200 - Batch Header Record .........Provider
|   |
|   |   ----------400 - Claim Data Record ...........Patient
|   |   |
|   |   |                                     Service Line
|   |   |                                        Number
|   |   |      |-----450 - Service Data - 1 Record      001
|   |   |      |-----451 - Service Data - 2 Record      001
|   |   |
|   |   |
|   |   |      |-----450 - Service Data - 1 Record      002
|   |   |      |-----451 - Service Data - 2 Record      002
|   |   |
|   |   |                                        thru
|   |   |      |-----450 - Service Data - 1 Record      nnn
|   |   |      |-----451 - Service Data - 2 Record      nnn
|   |   |
|   |   |
|   |   ----------500 - Claim Trailer Record .........Totals
|   |
|   -------------700 - Batch Adjustment Record .......Provider
|   |
|   -------------800 - Batch Trailer Record .........Totals
|
-----------------900 - File Trailer Record ...........Totals
```

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GENERAL INSTRUCTIONS

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GENERAL INSTRUCTIONS

The general instructions define the validation requirements for
classes of fields as well as some standard abbreviations that
are utilized.

ABBREVIATIONS:

   Standard abbreviations used throughout the document:

ABBREVIATION	DESCRIPTION
ACCT	Account
ACCTS	Accounts
ACTL	Actual
ADDR	Address (street address)
AMT	Amount
ANES	Anesthesia
ASSIGN	Assignment
BT	Batch Trailer
CALC	Calculated
CLM	Claim
COMP	Complementary
CONT	Containment
CONTAIN	Containment
CT	Claim Trailer
EFT	Electronic Fund Transfer
EMC	Electronic Media Claims
FT	File Trailer
ID	Identifier OR Identification
IND	Indicator
INS	Insured
MI	Middle Initial
N/A	Not Applicable OR None
NO	Number
ORGNL	Original
PAT	Patient
PAY	Payment
PCT	Percent
PD	Paid
PHONE	Telephone
PREV	Previous
PROV	Provider
RECVBL	Receivable
RECVR	Receiver
RECS	Records
RED	Reduction
REQ	Requirement

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GENERAL INSTRUCTIONS

Standard abbreviations (continued)

```
    ABBREVIATION                 DESCRIPTION
   -------------------      -----------------------------
     SERV ............      Service
     SUB .............      Submitter
     SVC .............      Service
     SYMP ............      Symptom
     TRANS ...........      Transaction
```

DATA ELEMENT REQUIREMENT:

```
  REQ codes:
              R = required        O = optional
              C = conditional
```

VALIDATION REQUIREMENTS:

   Some Data Element description pages state:

     "See GENERAL INSTRUCTIONS for 'xxxxxxxxxxxxxxx' entry".

     Where 'xxxxxxxxxxxxx' is one of the following data
     elements.

```
    ELEMENT                          PAGE #
    ------------------------------   --------

     ADDRESS ........................  GIR.03

     DATE ...........................  GIR.04

     IDENTIFICATION NUMBERS ........   GIR.04

     NAME 1 (INDIVIDUAL NAMES) ......  GIR.05

     NAME 2 (COMPANY NAMES) .........  GIR.05

     PATIENT CONTROL NUMBER .........  GIR.06

     TELEPHONE ......................  GIR.07

     AMOUNTS ........................  GIR.07
```

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GENERAL INSTRUCTIONS

ADDRESS:

  ADDRESS-1 and ADDRESS-2:

    a) ADDRESS-1 may not contain a blank in the first position.

    b) If entered, ADDRESS-2 may not contain a blank in the first
       position.

    c) Must contain at least one embedded blank.

    d) May contain: A-Z
                     0-9
                     forward slash (/)
                     period (.)
                     comma (,)
                     number sign (#)
                     ampersand (&)
                     parentheses '()'
                     percent sign (%) - for: "in care of"
                     blank ( )

    e) No other special characters are allowed.

  CITY:

    a) First position must not be blank.

    b) May contain: A - Z
                     period (.)
                     comma (,)
                     ampersand (&)
                     blank ( )

    c) No other special characters are allowed.

  STATE: Must be a valid code from EXHIBIT 1.

  ZIP:

    a) Position 1-3 must be a code from EXHIBIT 1.
       Position 4-5 must be numeric.
       Position 6-9 is optional but must be numeric if entered.

    b) If the STATE code is a foreign country, ZIP is not
       required.

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GENERAL INSTRUCTIONS

DATE:

  Format: CCYYMMDD

    a) CC (century) must have a value of '19' or '20'.
         exception: may have a value of '18', 19' or '20'
         for birth dates.

    b) YY (year) must have a value of '00' through '99'.

    c) MM (month) must have a value of '01' through '12'.

    d) DD (day) must have a value of '01' through '31'
       dependent on MM.

    MM (month) value   DD (day) value

    01, 03, 05, 07,   01 through 31
    08, 10, 12

    04, 06, 09, 11   01 through 30

    02   01 through 29
                                 if YY is divisible by 4

    02   01 through 28
                                 if YY NOT divisible by 4

IDENTIFICATION NUMBERS:
----

  a) If entered, first position may not be blank.

  b) May contain: A - Z
                  0 - 9

  c) No embedded blanks are allowed.

  d) Special characters may be used at the discretion of
     the receiver/payor.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

NAME 1 (INDIVIDUAL NAMES):

   LAST NAME and FIRST NAME

      a) First position must be A-Z.

      b) May contain: A-Z
                       hyphen (-)
                       blank ( )

      c) No other special characters are allowed.

      d) Titles such as 'Mr.', 'Dr.', 'Jr.' are not allowed.

      e) Last name must be at least two (2) positions in length.
         First name must be at least one (1) position in length.

   MIDDLE INITIAL

      a) Must contain A-Z or blank.

NAME 2 (COMPANY NAMES):
----

      a) First position must be A-Z.

      b) May contain: A-Z
                       period (.)
                       comma (,)
                       hyphen (-)
                       ampersand (&)
                       blank ( )
                       0-9

      c) No other special characters are allowed.

      d) Must be at least two (2) positions in length.

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GENERAL INSTRUCTIONS

PATIENT CONTROL NUMBER:
----

  a) First position must not be blank.

  b) May contain: A-Z
                   0-9
                   forward slash (/)
                   period (.)
                   comma (,)
                   hyphen (-)
                   number sign (#)
                   blank ( )

  c) No other special characters are allowed.

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GENERAL INSTRUCTIONS

TELEPHONE:
----

   a) Format: AAAXXXSSSS
               AAA = area code
                 XXX = exchange
                    SSSS = station number

   b) Must contain 0-9 only.

   c) No special characters or blanks are allowed.

   d) Valid area codes may be found in EXHIBIT 1.

AMOUNTS:

Dollar amount fields in the NSF ERN records must be signed
fields, i.e., capable of expressing a positive or a negative
value.

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FILE HEADER RECORD

RECORD TYPE: 100

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RECORD NAME: FILE HEADER RECORD   RECORD TYPE: 100

LEVEL: FILE

PURPOSE: The first record of any file transmitted
                electronically, it contains information pertinent
                to the receiver of the remittance file.

REQUIREMENTS: A "100" record is required for every submission.

ORDER: Preceding   Following
                Record Type   Record Type
                ------------   --------------------
                   NONE   200

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD TYPE: 100
                  "RECEIVER DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "100"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	RECEIVER ID	16	X	14	29
04.0	RESERVED (100-04.0)	9	X	30	38
05.0	SUBMITTER ID	16	X	39	54
06.0	RESERVED (100-06.0)	6	X	55	60
07.0	SUBMITTER NAME	33	X	61	93
08.0	FILE CREATION DATE	8	X	94	101
09.0	VERSION CODE-NATIONAL	5	N	102	106
10.0	FILLER-NATIONAL	214	X	107	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-01.0
                "RECEIVER DATA"

DATA ELEMENT: Record Identifier "100"   (RECORD ID "100")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Receiver
               Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "100".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-02.0
                "RECEIVER DATA"

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
                that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

                See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-03.0
                "RECEIVER DATA"

DATA ELEMENT: Receiver Identifier   (RECEIVER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(16)	LEFT	SPACES	14	29	R

DEFINITION: Identifies the organization designated to
                receive this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

                See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-04.0
                "RECEIVER DATA"

DATA ELEMENT: Reserved (100-04.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(09)	LEFT	SPACES	30	38	O

DEFINITION: Reserved, unused record space for expansion
               of Receiver ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-05.0
               "RECEIVER DATA"

DATA ELEMENT: Submitter Identification   (SUBMITTER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(16)	LEFT	SPACES	39	54	R

DEFINITION: Identifies the organization that created this
               remittance advice.

CODE VALUES: N/A

VALIDATION: Must be entered.

               See GENERAL INSTRUCTIONS for "Identification
               Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-06.0
               "RECEIVER DATA"

DATA ELEMENT: Reserved (100-06.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(06)	LEFT	SPACES	55	60	O

DEFINITION: Reserved unused record space for expansion
               of Submitter ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-07.0
                "RECEIVER DATA"

DATA ELEMENT: Submitter Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(33)	LEFT	SPACES	61	93	C

DEFINITION: The name of the submitter to which the
               receiver should direct inquiries regarding
               this file.

CODE VALUES: N/A

VALIDATION: Must be entered if required by receiver.

               See GENERAL INSTRUCTIONS for "Name 2" entry.

 REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-08.0
                "RECEIVER DATA"

DATA ELEMENT: File Creation Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(08)	LEFT	SPACES	94	101	C

DEFINITION: The Gregorian date on which this file was
               created.

CODE VALUES: N/A

VALIDATION: Must be entered if required by receiver.

               See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-09.0
                "RECEIVER DATA"

DATA ELEMENT: Version Code-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	9(03)V99	RIGHT	ZEROS	102	106	R

DEFINITION: A code indicating the specification version being used.
               This is restricted to National use.

CODE VALUES: N/A

VALIDATION: Format: 999V99
               Must be entered.
               Must be "00201".

REMARKS: This first three (3) digits BEFORE the implied decimal
               will indicate changes in record format or any new or
               deleted records. It is the VERSION of specifications.
               The last two (2) digits AFTER the implied decimal will
               indicate changes in editing. It is the UPDATE NUMBER of
               the specifications.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD/FIELD: 100-10.0
                "RECEIVER DATA"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(214)	LEFT	SPACES	107	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

BATCH HEADER RECORD

RECORD TYPE: 200

"PROVIDER DATA"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD   RECORD TYPE: 200

LEVEL: BATCH

PURPOSE: To identify and provide banking information for the
                receiver of payment in this batch.

REQUIREMENTS: A "200" record is required for every submission.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   --------------------
                  200 or 800   400

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD TYPE: 200
                "PROVIDER DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "200"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SOURCE OF PAYMENT	1	X	14	14
04.0	EMC PROV ID	15	X	15	29
05.0	BATCH NO	4	N	30	33
06.0	PROVIDER NAME	33	X	34	66
07.0	PROVIDER NO	15	X	67	81
08.0	CHECK NO/EFT TRACE NO	15	X	82	96
09.0	CHECK/EFT ISSUE DATE	8	X	97	104
10.0	PAYOR PROCESS DATE	8	X	105	112
11.0	RECVR/PROV BANK ID NO	15	X	113	127
12.0	RECVR/PROV ACCT NO	15	X	128	142
13.0	SENDER/PAYOR BANK ID NO	15	X	143	157
14.0	SENDER/PAYOR ACCT NO	15	X	158	172
15.0	TRANS HANDLING CODE	1	X	173	173
16.0	PAYMENT METHOD CODE	3	X	174	176
17.0	PAYMENT FORMAT CODE	3	X	177	179
18.0	RECVR/PROV TYPE OF ACCT	2	X	180	181
19.0	ASSIGNED/UNASSIGNED INDICATOR	1	X	182	182
20.0	FILLER-NATIONAL	138	X	183	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-01.0
                "PROVIDER DATA"

DATA ELEMENT: Record Identifier "200"   (RECORD ID "200")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Provider
               Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "200".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-02.0
                "PROVIDER DATA"

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
                that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

                See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-03.0
                "PROVIDER DATA"

DATA ELEMENT: Source of Payment

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(01)	LEFT	SPACES	14	14	R

DEFINITION: A code identifying source of payment for
               this group of claims.

CODE VALUES: A = SELF PAY
                B = WORKER'S COMPENSATION
                C = MEDICARE
                D = MEDICAID
                E = OTHER FEDERAL PROGRAM
                F = COMMERCIAL INSURANCE COMPANY
                G = BLUE CROSS / BLUE SHIELD
                H = CHAMPUS
                I = HMO
                J = FEDERAL EMPLOYEE'S PROGRAM (FEP)
                K = CENTRAL CERTIFICATION
                L = SELF ADMINISTERED
                M = FAMILY or FRIENDS
                Z = OTHER

VALIDATION: Must be entered.

               Must be a valid code from the above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-04.0
                "PROVIDER DATA"

DATA ELEMENT: EMC Provider Identifier   (EMC PROV ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(15)	LEFT	SPACES	15	29	R

DEFINITION: The unique number assigned to the provider by the
                payor for EMC identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered.

                See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-05.0
                "PROVIDER DATA"

DATA ELEMENT: Batch Number   (BATCH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(04)	RIGHT	ZEROS	30	33	R

DEFINITION: A sequential number assigned to each batch of
               claims by the entity that generated this file.

CODE VALUES: 0001 through 9999.

VALIDATION: Must be entered.

               Must be numeric.

               First occurrence in a file must be 0001.

               Subsequent occurrences within a file must be
               incremented by the value of 0001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-06.0
                "PROVIDER DATA"

DATA ELEMENT: Provider Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(33)	LEFT	SPACES	34	66	O

DEFINITION: The name of the provider or organization
               receiving this batch of claims for payment.

CODE VALUES: N/A

VALIDATION: If entered,

                This field should contain the Organization's
                (Group's) name as it appears on the Payor's file.

               See GENERAL INSTRUCTIONS for "Name 2" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-07.0
                "PROVIDER DATA"

DATA ELEMENT: Provider Number   (PROVIDER NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(15)	LEFT	SPACES	67	81	R

DEFINITION: The number assigned to the provider by the payor
               for identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered.

               This field will contain the provider number
               as it appears on the payor's provider file.

               See GENERAL INSTRUCTIONS for "Identification
               Number" entry.

REMARKS: If multi-clinic, provider number would be
               same as EMC ID and breaks would be on detail
               line (450) for each provider ID. This is
               important in avoiding so many control breaks
               when sending remittance notice.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-08.0
                "PROVIDER DATA"

DATA ELEMENT: Check Number / EFT Trace Number
                (CHECK NO/EFT TRACE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(15)	LEFT	SPACES	82	96	R

DEFINITION: The number of the check, EFT trace number or
                statement number (payment does not accompany
                remittance) issued to the provider for this batch
                of claims.

CODE VALUES: N/A

VALIDATION: Must be entered.

                If multiple checks are being issued then multiple
                batches must be generated. If there is no statement
                voucher number issued on a non-payment paper remittance,
                zeros fill this field.

REMARKS: N/A

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RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-09.0
                "PROVIDER DATA"

DATA ELEMENT: Check/EFT Issue Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(08)	LEFT	SPACES	97	104	R

DEFINITION: The date the check or statement was issued
               or, for EFT, the effective entry date.

CODE VALUES: N/A

VALIDATION: Must be entered.

               See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-10.0
                "PROVIDER DATA"

DATA ELEMENT: Payor Process Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(08)	LEFT	SPACES	105	112	C

DEFINITION: The date the payor generated the remittance
                advice.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Date" entry.

REMARKS: This date should be transmitted when an
                accompanying payment is generated on a
                different date than the remittance.

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RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-11.0
               "PROVIDER DATA"

DATA ELEMENT: Receiver/Provider Bank Identification Number
               (RECVR/PROV BANK ID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	X(15)	LEFT	SPACES	113	127	C

DEFINITION: The American Banking Association Identification
               Number used to identify the receiving depository
               financial institution or provider's bank within the
               Federal Reserve System when an EFT is being sent.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: When sending payment electronically through a
               banking network, this number is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-12.0
                 "PROVIDER DATA"

DATA ELEMENT: Receiver/Provider Account Number
                 (RECVR/PROV ACCT NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(15)	LEFT	SPACES	128	142	C

DEFINITION: The receiver's/provider's Bank Account Number
                into which these funds have been or will be
                deposited at the previously identified
                receiving depository financial institution.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: When sending payment electronically through a banking
                network, this number is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-13.0
                 "PROVIDER DATA"

DATA ELEMENT: Sendor/Payor Bank ID No

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	X(15)	LEFT	SPACES	143	157	C

DEFINITION: The American Banking Association Identification
                Number used to identify the sender's/payor's
                depository financial institution within the Federal
                Reserve System when an EFT is being sent.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: When sending payment electronically through a
                banking network, this number is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-14.0
                 "PROVIDER DATA"

DATA ELEMENT: Sender/Payor Account Number
                 (SENDER/PAYOR ACCT NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	X(15)	LEFT	SPACES	158	172	C

DEFINITION: Sender's/payor's bank account number from which
                 funds have been or will be sent at
                 the previously identified originating depository
                 financial institution.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: When sending payment electronically through a
                 banking network, this number is required. It
                 is assumed payors will always be paying from a
                 demand deposit type of account.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-15.0
                "PROVIDER DATA"

DATA ELEMENT: Transaction Handling Code
                (TRANS HANDLING CODE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	X(01)	LEFT	SPACES	173	173	M

DEFINITION: This code designates how the payment and
                remittance will be transmitted relative to
                the banking network.

CODE VALUES: C = Payment Accompanies Remittance

                    (Payment and remittance detail will
                    be or have been moved together through
                    the banking network.)

                D = Make Payment Only

                    (Execute funds transfer only, and
                    ignore any remittance detail (remittance is
                    send directly between provider and payor)).

                H = Notification Only

                    (Pass information only. Assume zero
                    payment/prenotification remittance is
                    moving through the banking network.)

                I = Remittance Information Only

                    (The remittance detail is moving
                    separately from the payment through
                    the banking network.)

                P = Prenotification of Future Transfers.

                    (Use code "P" if a bank requires that
                    a prenote be sent prior to actual payment.)

VALIDATION: If entered, must be a valid code from the
                above list.

REMARKS: When sending payment electronically through
                a banking network, this field is required.
                        page 200.17

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-16.0
                "PROVIDER DATA"

DATA ELEMENT: Payment Method Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(03)	LEFT	SPACES	174	176	C

DEFINITION: This code identifies the method for the
               movement of payment.

CODE VALUES: ACH = Automated Clearing House
               BOP = Financial Institution Option
               CHK = Check
               NON = Non-Payment Data

VALIDATION: If entered, must be a valid code from the
               above list.

REMARKS: When sending payment electronically through
               a banking network, this field is required.
               All funds transfers are limited to U.S.
               dollar transactions.

               Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-17.0
                "PROVIDER DATA"

DATA ELEMENT: Payment Format Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	X(03)	LEFT	SPACES	177	179	C

DEFINITION: This code identifies the payment format
                in the ACH network.

CODE VALUES: CCD = Cash Concentration/Disbursement
                CCP = Cash Concentration Disbursement Plus
                      Addenda
                CTX = Corporate Trade Exchange

VALIDATION: If entered, field 200-16.0 must equal "ACH".

                If entered, must be a valid code from the
                above list.

REMARKS: When sending payment electronically through
                the ACH network, this field is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-18.0
                "PROVIDER DATA"

DATA ELEMENT: Receiver/Provider Type of Account
                (RECVR/PROV TYPE OF ACCT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	X(02)	LEFT	SPACES	180	181	C

DEFINITION: This code indicates the type of bank
                account for the account into which payment
                is being made.

CODE VALUES: DA = Demand Deposit
                SG = Savings

VALIDATION: If entered, must be a valid code from the
                above list.

REMARKS: When sending payment electronically through
                the ACH network, this field is required.

                This field describes the type of bank account for
                the entry in field 200-12.0.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-19.0
                "PROVIDER DATA"

DATA ELEMENT: Assigned/Unassigned Claim Indicator

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	X(1)	LEFT	SPACES	182	182	R

DEFINITION: Code used to sort claims into separate assigned and
               unassigned batches within the same remittance advice.

CODE VALUES: 1 = Assigned
               0 = Unassigned

VALIDATION: N/A

REMARKS: Required for Medicare.

               Use value of '1' if the Batch of 200 thru 800
               records contains assigned claims. Use value of '0'
               if the Batch of 200 thru 800 records contains unassigned
               claims.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD   RECORD/FIELD: 200-20.0
                   "PROVIDER DATA"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	X(138)	LEFT	SPACES	183	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

PATIENT CLAIM DATA RECORD

RECORD TYPE: 400

"PATIENT CLAIM DATA"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM DATA RECORD   RECORD TYPE: 400

LEVEL: CLAIM

PURPOSE: To identify patient information and claim-specific
                information.

REQUIREMENTS: Only one "400" record is allowed per claim.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   --------------------
                  200 or 500   450

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD TYPE: 400
                "PATIENT DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "400"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	CHECK NO/EFT TRACER	15	X	31	45
05.0	CHECK/EFT ISSUE DATE	8	X	46	53
06.0	GROUP POLICY NO	20	X	54	73
07.0	INSURED ID NO	25	X	74	98
08.0	CORRECTED INS ID IND	1	X	99	99
09.0	INSURED LAST NAME	20	X	100	119
10.0	INSURED FIRST NAME	12	X	120	131
11.0	INSURED MI	1	X	132	132
12.0	EMPLOYEE ID	12	X	133	144
13.0	PATIENT LAST NAME	20	X	145	164
14.0	PATIENT FIRST NAME	12	X	165	176
15.0	PATIENT MI	1	X	177	177
16.0	PATIENT SEX	1	X	178	178
17.0	PATIENT BIRTH DATE	8	X	179	186
18.0	COMP INSURANCE FLAG	1	X	187	187
19.0	CLAIM STATUS	2	X	188	189
20.0	PAYOR PHONE NO	10	X	190	199
21.0	MEDICAL RECORD NO	17	X	200	216
22.0	PAYOR CLM CONTROL NO	17	X	217	233
23.0	CLAIM REMARK CODE1	5	X	234	238
24.0	CLAIM REMARK CODE2	5	X	239	243
25.0	CLAIM REMARK CODE3	5	X	244	248
26.0	CLAIM REMARK CODE4	5	X	249	253
27.0	CLAIM REMARK CODE5	5	X	254	258
28.0	CORRECTED PATIENT NAME	1	X	259	259
29.0	FILLER-NATIONAL	61	X	260	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-01.0
                "PATIENT DATA"

DATA ELEMENT: Record Identifier "400"   (RECORD ID "400")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Patient Claim
               Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "400".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-02.0
                "PATIENT DATA"

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
               that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
               Numbers" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-03.0
                "PATIENT DATA"

DATA ELEMENT: Patient Control Number   (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the
                patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-04.0
                 "PATIENT DATA"

DATA ELEMENT: Check Number / EFT Tracer Number
                 (CHECK NO/EFT TRACER)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(15)	LEFT	SPACES	31	45	R

DEFINITION: The number of the check, EFT tracer number or
                 statement issued to the provider for this batch of
                 claims.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must match the value entered in 200-08.0.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-05.0
                 "PATIENT DATA"

DATA ELEMENT: Check/EFT Issue Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(08)	LEFT	SPACES	46	53	R

DEFINITION: The date the check or statement was issued.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-06.0
                "PATIENT DATA"

DATA ELEMENT: Group Policy Number   (GROUP POLICY NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(20)	LEFT	SPACES	54	73	C

DEFINITION: Identification number assigned by the payor to
                the group plan through which the insurance is
                provided.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-07.0
                  "PATIENT DATA"

DATA ELEMENT: Insured Identification Number   (INSURED ID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(25)	LEFT	SPACES	74	98	C

DEFINITION: Insured's unique identification number assigned
                 by the payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification
                 Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-08.0
                "PATIENT DATA"

DATA ELEMENT: Corrected Insured Identification Indicator
                (CORRECTED INS ID IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(01)	LEFT	SPACES	99	99	C

DEFINITION: An indicator used to identify an Insured's
                identification number which was incorrectly
                submitted and subsequently changed.

CODE VALUES: C = Identification Number has been corrected.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-09.0
                   "PATIENT DATA"   400-10.0
                                                           400-11.0

DATA ELEMENT: Insured Last Name
               Insured First Name
               Insured Middle Initial   (INSURED MI)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(20)	LEFT	SPACES	100	119	C
10.0	X(12)	LEFT	SPACES	120	131	C
11.0	X(01)	LEFT	SPACES	132	132	C

DEFINITION: The last and first name of the insured.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Name" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-12.0
                 "PATIENT DATA"

DATA ELEMENT: Employee Identification   (EMPLOYEE ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(12)	LEFT	SPACES	133	144	C

DEFINITION: The identification number assigned by
                the employer to the employee.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-13.0
                  "PATIENT DATA"   400-14.0
                                                          400-15.0

DATA ELEMENT: Patient Last Name
               Patient First Name
               Patient Middle Initial   (PATIENT MI)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	X(20)	LEFT	SPACES	145	164	R
14.0	X(12)	LEFT	SPACES	165	176	R
15.0	X(01)	LEFT	SPACES	177	177	C

DEFINITION: The name of the individual to whom the
               services were provided.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for " Name 1" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-16.0
                "PATIENT DATA"

DATA ELEMENT: Patient Sex

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(01)	LEFT	SPACES	178	178	R

DEFINITION: Code indicating the sex of the patient.

CODE VALUES: M = Male
               F = Female

VALIDATION: Must be entered.

               Must be a valid code from the above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-17.0
                "PATIENT DATA"

DATA ELEMENT: Patient Birth Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	X(08)	LEFT	SPACES	179	186	C

DEFINITION: The date the patient was born.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-18.0
                 "PATIENT DATA"

DATA ELEMENT: Complementary Insurance Flag
                 (COMP INSURANCE FLAG)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	X(01)	LEFT	SPACES	187	187	R

DEFINITION: A code which identifies complementary insurance
                 action.

CODE VALUES: N = Claim not forwarded.
                 Y = Claim forwarded to complementary insurer.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-19.0
                 "PATIENT DATA"

DATA ELEMENT: Claim Status

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	X(02)	LEFT	SPACES	188	189	C

DEFINITION: This is a code indicating the status of this
               claim as determined by the payor.

CODE VALUES: Assigned by the HCFA:

               00 - Controlled Only
               01 - Reversal, Previous Payment
               02 - Returned, Unprocessable
               05 - Claim Transferred
               06 - Claim Transferred to Region A
               07 - Claim Transferred to Region B
               08 - Claim Transferred to Region C
               09 - Claim Transferred to Region D
               10 - In Process
               20 - Development
               30 - Medical & Utilization Review
               40 - Services Review
               50 - Reserved for Future Use
               60 - Reply Resolution
               70 - Complete, Paid
               71 - Complete, Paid by Secondary
               72 - Complete, Paid By Tertiary
               80 - Complete, No Payment
               90 - Complete, Rejected

               Note - additional codes may be assigned by the
                      payor.

               Codes (03 - 04) are reserved by HCFA
               for Medicare.

VALIDATION: Must be entered if required by receiver.

REMARKS: Required for Medicare.
                      page 400.17

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-20.0
                 "PATIENT DATA"

DATA ELEMENT: Payor Phone Number   (PAYOR PHONE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	X(10)	LEFT	SPACES	190	199	C

DEFINITION: The telephone number of the payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Telephone" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-21.0
                "PATIENT DATA"

DATA ELEMENT: Medical Record Number   (MEDICAL RECORD NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(17)	LEFT	SPACES	200	216	C

DEFINITION: A number assigned by the provider to identify
               the patient's medical records.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification No."

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-22.0
                "PATIENT DATA"

DATA ELEMENT: Payor Claim Control Number (PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	X(17)	LEFT	SPACES	217	233	R

DEFINITION: A number assigned by the payor to identify a
                claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-23.0
                  "PATIENT DATA"   400-24.0
                                                            400-25.0
                                                            400-26.0
                                                            400-27.0

DATA ELEMENT: Claim Remark Code1
                 Claim Remark Code2
                 Claim Remark Code3
                 Claim Remark Code4
                 Claim Remark Code5

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	X(5)	LEFT	SPACES	234	238	C
24.0	X(5)	LEFT	SPACES	239	243	C
25.0	X(5)	LEFT	SPACES	244	248	C
26.0	X(5)	LEFT	SPACES	249	253	C
27.0	X(5)	LEFT	SPACES	254	258	C

DEFINITION: Claim level informational message codes to convey
                 appeal or other claim-specific information that
                 does not involve a financial adjustment.

CODE VALUES: For Medicare use the current Medicare Inpatient
                 (MIA) or Medicare Outpatient (MOA) message codes.

VALIDATION: If entered, Medicare requires a valid MIA/MOA code.

REMARKS: MIA/MOA messages are maintained by HCFA.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-28.0
                 "PATIENT DATA"

DATA ELEMENT: Corrected Patient Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(01)	LEFT	SPACES	259	259	C

DEFINITION: An indicator used to identify that the patient's name
                was incorrectly submitted and subsequently charged.

CODE VALUES: C = Patient's Name has been corrected.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 400-29.0
                 "PATIENT DATA"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	X(61)	LEFT	SPACES	260	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

SERVICE DATA RECORD

RECORD TYPE: 450

"SERVICE DATA - 1"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD TYPE: 450

LEVEL: SERVICE

PURPOSE: To provide information related to the payment of
                medical services rendered to the patient by the
                provider.

REQUIREMENTS: This record is required for remittance notices.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   --------------------
                400, 450, or 451   400, 450, 451, or 500

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD TYPE: 450

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "450"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	LINE ITEM CONTROL NO	17	X	31	47
05.0	SERVICE LINE NO	3	N	48	50
06.0	LINE ITEM STATUS CODE	2	X	51	52
07.0	SERVICE FROM DATE	8	X	53	60
08.0	SERVICE TO DATE	8	X	61	68
09.0	PAYOR RECEIPT DATE	8	X	69	76
10.0	RESERVED (450-10.0)	15	X	77	91
11.0	PLACE OF SERVICE	2	X	92	93
12.0	TYPE OF SERVICE	2	X	94	95
13.0	PROCEDURE CODE	5	X	96	100
14.0	HCPCS MODIFIER 1	2	X	101	102
15.0	HCPCS MODIFIER 2	2	X	103	104
16.0	HCPCS MODIFIER 3	2	X	105	106
17.0	UNITS OF SERVICE	4	N	107	110
18.0	SUBMITTED LINE CHARGE	7	N	111	117
19.0	DISALLOWED COST CONT	7	N	118	124
20.0	DISALLOWED/NONCOVERED	7	N	125	131
21.0	ALLOWED/CONTRACT AMT	7	N	132	138
22.0	DEDUCTIBLE AMOUNT	7	N	139	145
23.0	COINSURANCE AMOUNT	7	N	146	152
24.0	INTEREST AMOUNT	7	N	153	159
25.0	GRAMM-RUDMAN RED	7	N	160	166
26.0	AMT PD BY OTHER PAYOR	7	N	167	173
27.0	PROV ADJUSTMENT	7	N	174	180
28.0	CALC PAY TO PROV	7	N	181	187
29.0	CALC PAY TO PAYEE	7	N	188	194
30.0	PREV PAY TO PROV	7	N	195	201
31.0	PREV PAY TO PAYEE	7	N	202	208
32.0	ACTUAL PAY TO PROV	7	N	209	215
33.0	ACTUAL PAY TO PAYEE	7	N	216	222
34.0	PAYMENT LEVEL BY PCT	5	N	223	227
35.0	PPO/HMO IND	1	X	228	228
36.0	FACILITY/SUPPLIER ID	15	X	229	243
37.0	PERFORMING PROV ID	15	X	244	258
38.0	GROUP AND REASON CODE 1	6	X	259	264
39.0	GROUP AND REASON CODE 2	6	X	265	270
40.0	GROUP AND REASON CODE 3	6	X	271	276
41.0	GROUP AND REASON CODE 4	6	X	277	282
42.0	GROUP AND REASON CODE 5	6	X	283	288
43.0	GROUP AND REASON CODE 6	6	X	289	294
44.0	GROUP AND REASON CODE 7	6	X	295	300
45.0	PAYOR CLM CONTROL NO	17	X	301	317
46.0	HCPCS MODIFIER 4	2	X	318	319
47.0	FILLER-NATIONAL	1	X	320	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-01.0
                "SERVICE DATA - 1"

DATA ELEMENT: Record Identifier "450"   (RECORD ID "450")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Service Data -1
               Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "450".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-02.0
                "SERVICE DATA - 1"

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
                that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-03.0
                "SERVICE DATA - 1"

DATA ELEMENT: Patient Control Number   (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the
                patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control
                Number" entry.

REMARKS: It must be returned on the electronic remittance
                to facilitate the provider's posting of line
                item adjudication information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-04.0
               "SERVICE DATA - 1"

DATA ELEMENT: Line Item Control Number   (LINE CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	31	47	C

DEFINITION: An identifier assigned by the submitter/provider
               to this line item.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If accepted by the payor it should be returned on
               the electronic remittance to facilitate the
               provider's posting of line item adjudication
               information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-05.0
                 "SERVICE DATA - 1"

DATA ELEMENT: Service Line Number   (SERVICE LINE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(03)	RIGHT	ZEROS	48	50	R

DEFINITION: Identifies the line relative to other lines
                in a claim.

CODE VALUES: 001 through 999.

VALIDATION: Must be entered.

                Must be numeric.

                First occurrence in a claim must be 001.

                Subsequent occurrences within a claim must be
                incremented by the value of 001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-06.0
                "SERVICE DATA - 1"

DATA ELEMENT: Line Item Status Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(02)	LEFT	SPACES	51	52	C

DEFINITION: Line item status code.

CODE VALUES: 01 = Pended
               02 = Claim/Line transferred to another payor.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-07.0
                "SERVICE DATA - 1"   450-08.0

DATA ELEMENT: Service from Date
               Service to Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(08)	LEFT	SPACES	53	60	R
08.0	X(08)	LEFT	SPACES	61	68	R

DEFINITION: The date the service was initiated and the date
               the service extends through. (CCYYMMDD)

CODE VALUES: N/A

VALIDATION: See General Instructions for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-09.0
               "SERVICE DATA - 1"

DATA ELEMENT: Payor Receipt Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(08)	LEFT	SPACES	69	76	C

DEFINITION: The Gregorian date claim was received by payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-10.0
                 "SERVICE DATA - 1"

DATA ELEMENT: Reserved (450-10.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(15)	LEFT	SPACES	77	91	C

DEFINITION: Unused reserved record space.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-11.0
                "SERVICE DATA - 1"

DATA ELEMENT: Place of Service   (PLACE OF SERVICE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	X(02)	LEFT	SPACES	92	93	R

DEFINITION: The code that identifies where the service was
               performed.

CODE VALUES: 00-10   Unassigned

               11   Office
               12   Home
               13-19   Unassigned

               21   Inpatient Hospital
               22   Outpatient Hospital
               23   Emergency Room - Hospital
               24   Ambulatory Surgical Center
               25   Birthing Center
               26   Military Treatment Facility
               27-29   Unassigned

               31   Skilled Nursing Facility
               32   Nursing Facility
               33   Custodial Care Facility
               34   Hospice
               30,35-39 Unassigned

               41   Ambulance - Land
               42   Ambulance - Air or Water
               40,43-49 Unassigned
               50   Federally Qualified Health Center
               51   Inpatient Psychiatric Facility
               52   Psychiatric Facility Partial
                         Hospitalization
               53   Community Mental Health Center
               54   Intermediate Care Facility/Mentally
                         Retarded
               55   Residential Substance Abuse Treatment
                         Facility
               56   Psychiatric Residential Treatment
                         Center
               57-59   Unassigned

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-11.0
                "SERVICE DATA - 1"

DATA ELEMENT: Place of Service   (PLACE OF SERVICE)

                                                      (CONTINUED)
_____

                61   Comprehensive Inpatient Rehabilitation
                          Facility
                62   Comprehensive Outpatient Rehabilitation
                          Facility
                65   End Stage Renal Disease Treatment
                          Facility
                60,63,64 Unassigned
                66-69   Unassigned

                71   State or Local Public Health Clinic
                72   Rural Health Clinic
                70,73-79 Unassigned

                81   Independent Laboratory
                80,82-89 Unassigned

                99   Other Unlisted Facility
                90-98   Unassigned

VALIDATION: Must be entered and a valid code from the above
               list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-12.0
               "SERVICE DATA - 1"

DATA ELEMENT: Type of Service Code   (TYPE OF SERVICE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(02)	LEFT	SPACES	94	95	C

DEFINITION: The code that classifies the service.

CODE VALUES: 01 - Medical Care
               02 - Surgery
               03 - Consultation
               04 - Diagnostic X-Ray
               05 - Diagnostic Lab
               06 - Radiation Therapy
               07 - Anesthesia
               08 - Surgical Assistance
               09 - Other Medical
               10 - Blood Charges
               11 - Used DME
               12 - DME Purchase
               13 - ASC Facility
               14 - Renal Supplied in the Home
               15 - Alternate Method Dialysis Payment
               16 - CRD Equipment
               17 - Pre-Admission Testing
               18 - DME Rental
               19 - Pneumonia Vaccine
               20 - Second Surgical Opinion
               21 - Third Surgical Opinion

VALIDATION: Must be entered.

               Must be a valid code from the above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-13.0
                "SERVICE DATA - 1"

DATA ELEMENT: Procedure Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	X(05)	LEFT	SPACES	96	100	C

DEFINITION: This is the HCPCS(procedure)/CPT-4 code that
                describes the service as adjudicated by the payor.

CODE VALUES: HCPCS/CPT-4 code set.

VALIDATION: Must be entered, if required by this payor.

                If entered, must be a valid procedure code.

                If the National Drug Code (451-15.0) is NOT
                entered, this field is required.

REMARKS: This will be the same value as the "Original
                Procedure Code" (451-09.0) if the payor did not
                adjudicate the service under another value that
                the payor considered to be more appropriate.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-14.0
                "SERVICE DATA - 1"   450-15.0
                                                          450-16.0

DATA ELEMENT: HCPCS Modifier 1   (MODIFIER 1)
                HCPCS Modifier 2   (MODIFIER 2)
                HCPCS Modifier 3   (MODIFIER 3)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	X(02)	LEFT	SPACES	101	102	C
15.0	X(02)	LEFT	SPACES	103	104	C
16.0	X(02)	LEFT	SPACES	105	106	C

DEFINITION: These codes identify special circumstances
                related to the performance of the service.

CODE VALUES: See current HCPCS Modifier codes.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-17.0
               "SERVICE DATA - 1"

DATA ELEMENT: Units of Service

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	9(03)V9	RIGHT	ZEROS	107	110	C

DEFINITION: The number of services rendered in days or units.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: In order to capture fractional services, use
               the fourth position with an assumed decimal
               position.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-18.0
                "SERVICE DATA - 1"

DATA ELEMENT: Submitted Line Charge

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(05)V99	RIGHT	ZEROS	111	117	R

DEFINITION: The submitted charges for this service.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-19.0
                "SERVICE DATA - 1"

DATA ELEMENT: Disallowed Cost Containment
                (DISALLOWED COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(05)V99	RIGHT	ZEROS	118	124	C

DEFINITION: The portion of line charges disallowed by the
                payor due to the failure of either the provider
                or insured to meet the cost containment
                provisions of the insurance contract, managed care
                contract or PPO contract under which payment has
                been requested for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-20.0
                  "SERVICE DATA - 1"

DATA ELEMENT: Disallowed/Noncovered

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(05)V99	RIGHT	ZEROS	125	131	C

DEFINITION: The portion of line charges disallowed by the
                payor for reasons OTHER than the failure of the
                provider or insured to meet the cost containment
                provisions of the insurance contract, managed
                care contract or PPO contract under which
                payment has been requested for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-21.0
               "SERVICE DATA - 1"

DATA ELEMENT: Allowed/Contract Amount   (ALLOWED/CONTRACT AMT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	S9(05)V99	RIGHT	ZEROS	132	138	C

DEFINITION: The maximum amount determined by the payor as
               being "allowed" under the provisions of the
               contract prior to the determination of actual
               payment, for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Required for Medicare. This is the Medicare allowed
               amount.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-22.0
                 "SERVICE DATA - 1"

DATA ELEMENT: Deductible Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(05)V99	RIGHT	ZEROS	139	145	C

DEFINITION: This is the amount applied to deductible by this
                payor, for this line.

                The amount deducted, by the payor, from the
                allowed amount in order to meet the contract
                "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-23.0
                "SERVICE DATA - 1"

DATA ELEMENT: Coinsurance Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(05)V99	RIGHT	ZEROS	146	152	C

DEFINITION: The amount deducted from this line, by the payor,
                from the allowed amount in order to meet the
                "coinsurance" provisions of the contract.

                The amount applied toward the coinsurance by this
                payor.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-24.0
                "SERVICE DATA - 1"

DATA ELEMENT: Interest Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(05)V99	RIGHT	ZEROS	153	159	C

DEFINITION: The interest applied to this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-25.0
                "SERVICE DATA - 1"

DATA ELEMENT: Gramm-Rudman Reduction   (GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	S9(05)V99	RIGHT	ZEROS	160	166	C

DEFINITION: The amount applied to Gramm-Rudman reduction,
               for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-26.0
               "SERVICE DATA - 1"

DATA ELEMENT: Amount Paid by Other Payor
               (AMT PD BY OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	S9(05)V99	RIGHT	ZEROS	167	173	C

DEFINITION: The amount paid by other payor, for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-27.0
                "SERVICE DATA - 1"

DATA ELEMENT: Provider Adjustment   (PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	S9(05)V99	RIGHT	ZEROS	174	180	C

DEFINITION: The adjusted amount applied to this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-28.0
                "SERVICE DATA - 1"

DATA ELEMENT: Calculated Payment to Provider
                (CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	S9(05)V99	RIGHT	ZEROS	181	187	C

DEFINITION: The calculated amount paid for this service.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Required for Medicare.

                This is the computed sum of submitted line
                charges (450-18.0) less:

                    Deductible Amount (450-22.0)
                    Coinsurance Amount (450-23.0)
                    Dollar Amounts 1-5 (line Adjusts.) (451-10 - 451-14)
                    Dollar Amounts 6-7 (line Adjusts.) (451-22 - 451-23)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-29.0
                "SERVICE DATA - 1"

DATA ELEMENT: Calculated Payment to Payee
                (CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	S9(05)V99	RIGHT	ZEROS	188	194	C

DEFINITION: The calculated payment to the payee
                (other than the Provider) for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-30.0
                "SERVICE DATA - 1"

DATA ELEMENT: Previous Payment to Provider   (PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	S9(05)V99	RIGHT	ZEROS	195	201	C

DEFINITION: The amount previously paid to provider for this
               line item.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-31.0
                "SERVICE DATA - 1"

DATA ELEMENT: Previous Payment to Payee   (PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
31.0	S9(05)V99	RIGHT	ZEROS	202	208	R

DEFINITION: The amount previously paid to the payee (other
               than the provider) for this service.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-32.0
                "SERVICE DATA - 1"

DATA ELEMENT: Actual Payment to Provider   (ACTUAL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
32.0	S9(05)V99	RIGHT	ZEROS	209	215	C

DEFINITION: The actual amount paid to the provider.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

               This is the computed sum of the calculated
               pay to provider less:

               Late Filing Reduction (451-07.0)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-33.0
                "SERVICE DATA - 1"

DATA ELEMENT: Actual Payment to Payee   (ACTUAL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
33.0	S9(05)V99	RIGHT	ZEROS	216	222	R

DEFINITION: The actual amount paid to the payee, other than
                the provider.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-34.0
                "SERVICE DATA - 1"

DATA ELEMENT: Payment Level By Percent   (PAYMENT LEVEL BY PCT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
34.0	9(4)V9	RIGHT	ZEROS	223	227	C

DEFINITION: Payment level (100%, 80%, 62.5%).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-35.0
                "SERVICE DATA - 1"

DATA ELEMENT: Preferred Provider Organization/Health
                Maintenance Organization Indicator
                (PPO/HMO IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
35.0	X(01)	LEFT	SPACES	228	228	O

DEFINITION: An indicator than the provider has submitted
                the claim under a PPO/HMO agreement.

CODE VALUES: See payor's system documentation.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-36.0
                "SERVICE DATA - 1"

DATA ELEMENT: Facility/Supplier Identifier
                (FACILITY/SUPPLIER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
36.0	X(15)	LEFT	SPACES	229	243	C

DEFINITION: The identification number assigned to the
                facility or supplier.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-37.0
                "SERVICE DATA - 1"

DATA ELEMENT: Performing Provider Identifier
                (PERFORMING PROV ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
37.0	X(15)	LEFT	SPACES	244	258	C

DEFINITION: The identification number assigned to the
                performing physician.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-38.0
                     "SERVICE DATA - 1"   450-39.0
                                                            450-40.0
                                                            450-41.0
                                                            450-42.0
                                                            450-43.0
                                                            450-44.0

  DATA ELEMENT: Group and Reason Code 1
                  Group and Reason Code 2
                  Group and Reason Code 3
                  Group and Reason Code 4
                  Group and Reason Code 5
                  Group and Reason Code 6
                  Group and Reason Code 7

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
38.0	X(06)	LEFT	SPACES	259	264	C
39.0	X(06)	LEFT	SPACES	265	270	C
40.0	X(06)	LEFT	SPACES	271	276	C
41.0	X(06)	LEFT	SPACES	277	282	C
42.0	X(06)	LEFT	SPACES	283	288	C
43.0	X(06)	LEFT	SPACES	289	294	C
44.0	X(06)	LEFT	SPACES	295	300	C

  DEFINITION: Claim adjustment reason codes. The codes show
                 the reasons for any adjustments, such as denials
                 or reductions in payment from the amount billed, that
                 are made on this service and may have a financial
                 effect.

  CODE VALUES: For Medicare, use the American National Standards
                 Institute (ANSI) Accredited Standards Committee (ASC)
                 X12 835 claim adjustment (CAS) codes and applicable
                 group code.

  VALIDATION: N/A

  REMARKS: Claim adjustment reason codes are maintained by the
                 Blue Cross Blue Shield Association.
                 For Medicare, the first two positions contain
                 the 835 group code which is part of the ANSI ASC
                 X12 835 standard. The remaining positions
                  contain the claim adjustment reason code, starting with
                 the third position. When reporting reason codes, the
                  corresponding adjustment amount in record 451 must be
                 reported.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-45.0
                "SERVICE DATA - 1"

DATA ELEMENT: Payor Claim Control Number (PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
45.0	X(17)	LEFT	SPACES	301	317	R

DEFINITION: A number assigned by the payor to identify a
               claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-46.0
                "SERVICE DATA - 1"

DATA ELEMENT: HCPCS Modifier 4   (Modifier 4)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
46.0	X(02)	LEFT	SPACES	318	319	R

DEFINITION: This code identifies special circumstances related
                to the performance of the service.

CODE VALUES: See current HCPCS modifier codes.

VALIDATION: N/A

REMARKS: Not used at present.

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ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD   RECORD/FIELD: 450-47.0
                "SERVICE DATA - 1"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
47.0	X(01)	LEFT	SPACES	320	320	R

DEFINITION: Unused record space reserved for National Use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

SERVICE DATA RECORD

RECORD TYPE: 451

"SERVICE DATA - 2"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD TYPE: 451

LEVEL: SERVICE

PURPOSE: To provide information related to the payment of
                medical services rendered to the patient by the
                provider.

REQUIREMENTS: If required by the payor, this record must be
                submitted.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   --------------------
                   450   400, 450, or 500

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD TYPE: 451

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "451"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	LINE ITEM CONTROL NO	17	X	31	47
05.0	SERVICE LINE NO	3	N	48	50
06.0	PAYOR CLM CONTROL NO	17	X	51	67
07.0	LATE FILING REDUCTION	7	N	68	74
08.0	AMOUNT PATIENT OWES	7	N	75	81
09.0	ORIGINAL PROC CODE	5	X	82	86
10.0	DOLLAR AMOUNT1	7	N	87	93
11.0	DOLLAR AMOUNT2	7	N	94	100
12.0	DOLLAR AMOUNT3	7	N	101	107
13.0	DOLLAR AMOUNT4	7	N	108	114
14.0	DOLLAR AMOUNT5	7	N	115	121
15.0	NATIONAL DRUG CODE	11	X	122	132
16.0	LINE REMARK CODE 1	5	X	133	137
17.0	LINE REMARK CODE 2	5	X	138	142
18.0	LINE REMARK CODE 3	5	X	143	147
19.0	LINE REMARK CODE 4	5	X	148	152
20.0	LINE REMARK CODE 5	5	X	153	157
21.0	LINE REMARK CODE DATE	8	X	158	165
22.0	DOLLAR AMOUNT6	7	N	166	172
23.0	DOLLAR AMOUNT7	7	N	173	179
24.0	AMOUNT PATIENT PAID	7	N	180	186
25.0	ORIGINAL UNITS OF SERVICE	4	N	187	190
26.0	FILLER-NATIONAL	130	X	191	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-01.0
               "SERVICE DATA - 2"

DATA ELEMENT: Record Identifier "451"   (RECORD ID "451")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Service Data - 2
               Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "451".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-02.0
                "SERVICE DATA - 2"

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
                that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-03.0
                "SERVICE DATA - 2"

DATA ELEMENT: Patient Control Number   (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the
                patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control
                Number" entry.

REMARKS: If accepted by the payor it should be returned on
                the electronic remittance to facilitate the
                provider's posting of line item adjudication
                information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-04.0
               "SERVICE DATA - 2"

DATA ELEMENT: Line Item Control Number   (LINE CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	31	47	C

DEFINITION: An identifier assigned by the submitter/provider
               to this line item.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If accepted by the payor it should be returned on
               the electronic remittance to facilitate the
               provider's posting of line item adjudication
               information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-05.0
                 "SERVICE DATA - 2"

DATA ELEMENT: Service Line Number   (SERVICE LINE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(03)	RIGHT	ZEROS	48	50	R

DEFINITION: Identifies the line relative to other lines
               in a claim.

CODE VALUES: 001 through 999.

VALIDATION: Must be entered.

               Must be numeric.

               First occurrence in a claim must be 001.

               Subsequent occurrences within a claim must be
               incremented by the value of 001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-06.0
               "SERVICE DATA - 2"

DATA ELEMENT: Payor Claim Control Number
                (PAYOR CLAIM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(17)	LEFT	SPACES	51	67	R

DEFINITION: A number assigned by the payor to identify a
               claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-07.0
               "SERVICE DATA - 2"

DATA ELEMENT: Late Filing Reduction

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	S9(05)99	RIGHT	ZEROS	68	74	C

DEFINITION: The amount deducted from the ACTUAL PAYMENT TO
               PROVIDER (450-32.0) by the payor because the
               claim was not filed within the payor's timely
               filing guidelines.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-08.0
                "SERVICE DATA - 2"

DATA ELEMENT: Amount Patient Owes

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	S9(05)99	RIGHT	ZEROS	75	81	C

DEFINITION: The portion of the charge for this service that
               is the patient's financial responsibility.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-09.0
                "SERVICE DATA - 2"

DATA ELEMENT: Original Procedure Code   (ORIGINAL PROC CODE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(05)	LEFT	SPACES	82	86	C

DEFINITION: The original HCPCS/CPT-4 code that was submitted
               by the provider to describe the service rendered.

CODE VALUES: HCPCS/CPT-4 code set.

VALIDATION: Must be entered if a HCPCS/CPT-4 code was
               submitted on the original claim.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-10.0
                "SERVICE DATA - 2"   451-11.0
                                                         451-12.0
                                                         451-13.0
                                                         451-14.0

DATA ELEMENT: Dollar Amount1
                Dollar Amount2
                Dollar Amount3
                Dollar Amount4
                Dollar Amount5

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(05)V99	RIGHT	ZEROS	87	93	C
11.0	S9(05)V99	RIGHT	ZEROS	94	100	C
12.0	S9(05)V99	RIGHT	ZEROS	101	107	C
13.0	S9(05)V99	RIGHT	ZEROS	108	114	C
14.0	S9(05)V99	RIGHT	ZEROS	115	121	C

DEFINITION: The amount relating to the group and reason
                codes 1-5 on the 450 record (fields 450-38.0
                - 450-42.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Use these fields when reporting adjustments that
                have an associated group and reason code on the 450
                record.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 451-15.0
                "PATIENT DATA"

DATA ELEMENT: National Drug Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	X(11)	LEFT	SPACES	122	132	C

DEFINITION: This is the national drug identification number
                 assigned by the Federal Drug Administration (FDA).

CODE VALUES: N/A

VALIDATION: If the Procedure Code on record 450, field 13.0
                 is blank AND the service was for prescription
                 drugs, this field must be entered.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 451-16.0
                 "PATIENT DATA"   451-17.0
                                                           451-18.0
                                                           451-19.0
                                                           451-20.0

DATA ELEMENT: Line Remark Code 1
               Line Remark Code 2
               Line Remark Code 3
               Line Remark Code 4
               Line Remark Code 5

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(05)	LEFT	SPACES	133	137	C
17.0	X(05)	LEFT	SPACES	138	142	C
18.0	X(05)	LEFT	SPACES	143	147	C
19.0	X(05)	LEFT	SPACES	148	152	C
20.0	X(05)	LEFT	SPACES	153	157	C

DEFINITION: Remark codes used to convey service-specific
               information that does not involve a financial
               adjustment.

CODE VALUES: For Medicare use the current Medicare Reference (REF)
               Remark Codes.

VALIDATION: If entered, Medicare requires a valid REF Remark code.

REMARKS: REF Remark codes are maintained by HCFA.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-21.0
                 "SERVICE DATA - 2"

DATA ELEMENT: Line Remark Code Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(08)	LEFT	SPACES	158	165	C

DEFINITION: The date that corresponds to a particular remark
                code message.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Date" entry.

REMARKS: For Medicare, this date will always correspond
                to REF Remark Code M16.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-22.0
                 "SERVICE DATA - 2"

DATA ELEMENT: Dollar Amount 6

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(05)V99	RIGHT	ZEROS	166	172	C

DEFINITION: The amount relating to the group and reason
                 code 6 on the 450 record (field 450-43.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Use these fields when reporting adjustments
                 that have an associated group and reason code
                 on the 450 record.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-23.0
                "SERVICE DATA - 2"

DATA ELEMENT: Dollar Amount 7

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(05)V99	RIGHT	ZEROS	173	179	C

DEFINITION: The amount relating to the group and reason
               code 7 on the 450 record (field 450-44.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Use this field when reporting adjustments that
               have an associated group and reason code on the
               450 record.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 451-24.0
                "PATIENT DATA"

DATA ELEMENT: Amount Patient Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(05)V99	RIGHT	ZEROS	180	186	C

DEFINITION: The portion of the charge for this service that the
               patient has paid.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD   RECORD/FIELD: 451-25.0
                "PATIENT DATA"

DATA ELEMENT: Original Units of Service

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	9(03)V9	LEFT	SPACES	187	190	C

DEFINITION: The original units of service that was submitted
               by the provider (in days or units).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: In order to capture fractional services, use the fourth
               position with an assumed decimal point.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD   RECORD/FIELD: 451-26.0
                "SERVICE DATA - 2"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(130)	LEFT	SPACES	191	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

PATIENT CLAIM TRAILER RECORD

RECORD TYPE: 500

"CLAIM TRAILER RECORD"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD   RECORD TYPE: 500

LEVEL: CLAIM

PURPOSE: To provide information related to the payment of
                of services rendered to the patient by the
                provider.

REQUIREMENTS: Only one "500" record is required per claim.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   ---------------------
                  450 or 451   400 or 700

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD TYPE: 500

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "500"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	CT LINE ITEMS	3	N	31	33
05.0	CT SUBMITTED CHARGES	7	N	34	40
06.0	CT DISALLOW-COST CONT	7	N	41	47
07.0	CT DISALLOW/NONCOVER	7	N	48	54
08.0	CT ALLOWED	7	N	55	61
09.0	CT DEDUCTIBLE	7	N	62	68
10.0	CT COINSURANCE	7	N	69	75
11.0	CT INTEREST PAID	7	N	76	82
12.0	CT GRAMM-RUDMAN RED	7	N	83	89
13.0	CT AMT PAID BY OTHER PAYOR	7	N	90	96
14.0	CT PROV ADJUSTMENT	7	N	97	103
15.0	CT CALC PAY TO PROV	7	N	104	110
16.0	CT CALC PAY TO PAYEE	7	N	111	117
17.0	CT PREV PAY TO PROV	7	N	118	124
18.0	CT PREV PAY TO PAYEE	7	N	125	131
19.0	CT ACTL PAY TO PROV	7	N	132	138
20.0	CT ACTL PAY TO PAYEE	7	N	139	145
21.0	PAYOR CLM CONTROL NO	17	X	146	162
22.0	CT LATE FILING RED	7	N	163	169
23.0	CT AMT PATIENT OWES	7	N	170	176
24.0	CLM FILING IND	1	X	177	177
25.0	CARRIER/SUPPL INSURER NAME1	33	X	178	210
26.0	IDENTIFICATION NO1	15	X	211	225
27.0	CARRIER/SUPPL INSURER NAME2	33	X	226	258
28.0	IDENTIFICATION NO2	15	X	259	273
29.0	CT AMT PATIENT PAID	7	X	274	280
30.0	CLAIM ADJUSTMENT REASON CODE1	6	X	281	286
31.0	CLAIM ADJUSTMENT REASON CODE2	6	X	287	292
32.0	CLAIM ADJUSTMENT REASON CODE3	6	X	293	298
33.0	DOLLAR AMOUNT1	7	N	299	305
34.0	DOLLAR AMOUNT2	7	N	306	312
35.0	DOLLAR AMOUNT3	7	N	313	319
36.0	FILLER-NATIONAL	1	X	320	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-01.0

DATA ELEMENT: Record Identifier "500"   (RECORD ID "500")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: The field used to identify the "Patient Claim
               Trailer Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "500".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-02.0

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
               that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification
               Number" only.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-03.0

DATA ELEMENT: Patient Control Number   (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the
                patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-04.0

DATA ELEMENT: CT Line Items

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	9(03)	RIGHT	ZEROS	31	33	R

DEFINITION: The number of "450" service line items for
               this patient.

CODE VALUES: 001 through 999.

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-05.0

DATA ELEMENT: CT Submitted Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	S9(05)V99	RIGHT	ZEROS	34	40	R

DEFINITION: The total submitted charges of the line items
               for this patient.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: This is the computed sum of all submitted
               lines charges (450-18.0). Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-06.0

DATA ELEMENT: CT Disallow-Cost Containment
                (CT DISALLOW-COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	S9(05)V99	RIGHT	ZEROS	41	47	C

DEFINITION: The total of the line charges for this patient
               disallowed by the payor due to the failure of
               either the provider or insured to meet the cost
               containment provision of the insurance contract,
               managed care contract or PPO contract under which
               payment has been requested for this patient.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-07.0

DATA ELEMENT: CT Disallow/Noncover

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	S9(05)V99	RIGHT	ZEROS	48	54	C

DEFINITION: The total of the line charges for this patient
               disallowed by the payor for reasons other than
               the failure of the provider or insured to meet
               the cost containment provisions of the insurance
               contract, managed care contract or PPO contract
               under which payment has been requested for this
               patient.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-08.0

DATA ELEMENT: CT Allowed

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	S9(05)V99	RIGHT	ZEROS	55	61	C

DEFINITION: The maximum amount determined by the payor as being
               "allowed" for the claim under the provisions of the
               contract prior to the determination of actual
               payment, for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-09.0

DATA ELEMENT: CT Deductible

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	S9(05)V99	RIGHT	ZEROS	62	68	C

DEFINITION: This is the amount applied to the deductible by
                this payor, for this claim.

                The amount deducted, by the payor, from the
                allowed amount in order to meet the contract
                "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-10.0

DATA ELEMENT: CT Coinsurance

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(05)V99	RIGHT	ZEROS	69	75	C

DEFINITION: The amount deducted from this claim, by the
                payor, from the allowed amount in order to meet
                the "co-insurance" provisions of the contract.
                The amount applied toward the coinsurance by
                this payor.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-11.0

DATA ELEMENT: CT Interest Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	S9(05)V99	RIGHT	ZEROS	76	82	C

DEFINITION: The claims processing timeliness interest applied
               to this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-12.0

DATA ELEMENT: CT Gramm-Rudman Reduction
                (CT GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	S9(05)V99	RIGHT	ZEROS	83	89	C

DEFINITION: The amount applied to the Gramm-Rudman reduction,
                for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-13.0

DATA ELEMENT: CT Amount Paid by Other Payor
                (CT AMT OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	S9(05)V99	RIGHT	ZEROS	90	96	C

DEFINITION: The amount paid by another payor, for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-14.0

DATA ELEMENT: CT Provider Adjustment
                (CT PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	S9(05)V99	RIGHT	ZEROS	97	103	C

DEFINITION: The adjusted amount applied to this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-15.0

DATA ELEMENT: CT Calculated Payment to Provider
               (CT CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	S9(05)V99	RIGHT	ZEROS	104	110	C

DEFINITION: The calculated payment to the provider,
               for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: This is the computed sum of claim submitted
               charges (500-05.0) less:

                    Deductible Amount (450-22)
                    Coinsurance Amount (450-23)
                    Calculated Pay to Payee (Unassignment) (450-29)
                    Dollar Amounts 1-5 (451-10 to 14)
                    Dollar Amounts 6-7 (451-22 to 23)
                    CT Gramm Rudman Reduction (500-12.0)
                    CT Previous Pay to Provider (500-17.0)
                    CT Previous Pay to Payee (500-18.0)
                    Dollar Amounts 1-3 (claim adjusts.) (500-33 - 500-35)

               Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-16.0

DATA ELEMENT: CT Calculated Payment to Payee
                (CT CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	S9(05)V99	RIGHT	ZEROS	111	117	C

DEFINITION: The calculated payment to the payee
               (other than the provider), for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-17.0

DATA ELEMENT: CT Previous Payment to Provider
                (CT PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	S9(05)V99	RIGHT	ZEROS	118	124	C

DEFINITION: The amount previously paid to the provider
               for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-18.0

DATA ELEMENT: CT Previous Payment to Payee
                (CT PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(05)V99	RIGHT	ZEROS	125	131	C

DEFINITION: The amount previously paid to the payee
               (other than the provider) for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-19.0

DATA ELEMENT: CT Actual Payment to Provider
                (CT ACTL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(05)V99	RIGHT	ZEROS	132	138	C

DEFINITION: The actual payment to the provider for this
               claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

               This is the computed sum of the CT Calculated Pay to
               Provider (500-15.0) less:

               CT Late Filing Reduction (sum of all 451-07)

               Plus: Interest Paid (500-11)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-20.0

DATA ELEMENT: CT Actual Payment to Payee
                (CT ACTL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(05)V99	RIGHT	ZEROS	139	145	C

DEFINITION: The actual payment to the payee
               (other than the provider) for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-21.0

DATA ELEMENT: Payor Claim Control Number
                (PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(17)	LEFT	SPACES	146	162	R

DEFINITION: A number assigned by the payor to identify a
               claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-22.0

DATA ELEMENT: CT Late Filing Reduction   (CT LATE FILING RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(05)V99	RIGHT	ZEROS	163	169	C

DEFINITION: The total amount applied to the Late Filing
               Reduction, for this claim.

CODE VALUES: N/A

VALIDATION: Must be the computed sum of all the LATE FILING
               REDUCTION (451-07.0) fields included on this
               claim.

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-23.0

DATA ELEMENT: CT Amount Patient Owes

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(05)V99	RIGHT	ZEROS	170	176	C

DEFINITION: The total amount applied to the Amount Patient
               Owes, for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. It must be the
               total amount for which the patient is responsible as
               computed within the adjudication process, accumulated
               using amounts associated with PR group codes.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-24.0

DATA ELEMENT: Claim Filing Indicator   (CLM FILING IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	X(01)	LEFT	SPACES	177	177	C

DEFINITION: A code indicating whether the provider accepted
               assignment.

CODE VALUES: 1 = Yes, accepted assignment
               0 = No, did not accept assignment

VALIDATION: Must be entered if required by payor.

               If entered, must be a valid code from above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-25.0

DATA ELEMENT: Carrier/Supplemental Insurer Name1

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	X(33)	LEFT	SPACES	178	210	C

DEFINITION: The name of the carrier or supplemental insurer to
               whom the claim were crossed over or transferred.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-26.0

DATA ELEMENT: Identification Number1   (IDENTIFICATION NO1)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(15)	LEFT	SPACES	211	225	C

DEFINITION: A unique number that identifies the organization in
                500-25.

CODE VALUES: N/A

VALIDATION: See General Instruction for "Identication Number" entry.

REMARKS: This field should contain a unique number that
                identifies the organization in 500-25. The National
                Payer ID must be entered here when effective.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-27.0

DATA ELEMENT: Carrier/Supplemental Insurer Name2

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	X(33)	LEFT	SPACES	226	258	C

DEFINITION: The name of the carrier or supplemental insurer to
               whom the claim were crossed over or transferred.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-28.0

DATA ELEMENT: Identification Number2   (IDENTIFICATION NO2)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(15)	LEFT	SPACES	259	273	C

DEFINITION: A unique number that identifies the organization in
               500-27.

CODE VALUES: N/A

VALIDATION: See General Instruction for "Identication Number" entry.

REMARKS: This field should contain a unique number that
               identifies the organization in 500-27. The National
               Payer ID must be entered here when effective.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-29.0

DATA ELEMENT: CT Amount Patient Paid   (CT AMT PATIENT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	S9(05)V99	RIGHT	ZEROS	274	280	C

DEFINITION: The the total amount the patient has already paid for this
              claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-30.0
                                                           500-31.0
                                                           500-32.0

DATA ELEMENT: Claim Adjustment Reason Code1
                Claim Adjustment Reason Code2
                Claim Adjustment Reason Code3

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	X(06)	LEFT	SPACES	281	286	C
31.0	X(06)	LEFT	SPACES	287	292	C
32.0	X(06)	LEFT	SPACES	293	298	C

DEFINITION: Claim adjustment reason codes. The codes show
                the reasons for any adjustments, such as denials
                or reductions in payment from the amount billed, that
                are made on claims and may have a financial effect.

CODE VALUES: For Medicare, use the American National Standards
                Institute (ANSI) Accredited Standards Committee (ASC)
                X12 835 claim adjustment (CAS) codes and applicable
                group code.

VALIDATION: At least one reason code must be shown per claim. This
                can be at service or claim level.

REMARKS: Claim adjustment reason codes are maintained by
                the Blue Cross Blue Shield Association.
                For Medicare, the first two positions contain
                the X12 835 group code which is part of the
                ANSI ASC X12 835 standard. The remaining positions
                 contain the claim adjustment reason code, starting with
                the third position.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-33.0
                                                          500-34.0
                                                          500-35.0

DATA ELEMENT: Dollar Amount1
               Dollar Amount2
               Dollar Amount3

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
33.0	S9(05)V99	RIGHT	ZEROS	299	305	C
34.0	S9(05)V99	RIGHT	ZEROS	306	312	C
35.0	S9(05)V99	RIGHT	ZEROS	313	319	C

DEFINITION: Claim adjustment amount relating to the reason codes
               (fields 500-30.0, 500-31.0 and 500-32.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER   RECORD/FIELD: 500-36.0
                "CLAIM TRAILER RECORD"

DATA ELEMENT: FILLER-NATIONAL

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
36.0	X(01)	LEFT	SPACES	320	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

BATCH ADJUSTMENT RECORD

RECORD TYPE: 700

"PROVIDER ADJUSTMENT DATA RECORD"

VERSION 002.01 - 10/01/1997

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PROVIDER ADJUSTMENT DATA RECORD   RECORD TYPE: 700

LEVEL: BATCH

PURPOSE: To provide adjustment summary information not
                attributable to a specific claim.

REQUIREMENTS: If required by the payor, this record(s) must be
                sent.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   --------------------
                  500 or 700   700 or 800

NOTES: Create a "700" record for each FCN you offset against.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD TYPE: 700
                 "PROVIDER ADJUSTMENT DATA"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "700"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SEQUENCE NO	4	N	14	17
04.0	HIC NO	25	X	18	42
05.0	PATIENT ACCT NO	17	X	43	59
06.0	PROVIDER ADJUSTMENT REASON	2	X	60	61
07.0	ADJUSTMENT AMOUNT	7	X	62	68
08.0	FINANCIAL CONTROL NO	17	X	69	85
09.0	FILLER-NATIONAL	235	X	86	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT DATA RECORD   RECORD/FIELD: 700-01.0
                "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Record Identifier "700"   (RECORD ID "700")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Batch Adjustment Data
               Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "700".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-02.0
                 "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

  DEFINITION: A unique number assigned to identify the entity
                 that generated this file.

  CODE VALUES: N/A

  VALIDATION: Must be entered.

                 Must match the "Payor Identification" value
                 entered in field 200-02.0.

                 See General Instructions for "Identification
                 Numbers" entry.

  REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT DATA RECORD   RECORD/FIELD: 700-03.0
                 "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Sequence Number   (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	9(04)	RIGHT	ZEROS	14	17	R

DEFINITION: Value to sequence the provider (batch level)
               adjustment record(s).

CODE VALUES: 0001 through 9999.

VALIDATION: Must be entered.

               Must be numeric

               First occurrence must be 0001. Subsequent
               occurrences must be incremented by the value 0001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-04.0
                  "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Health Insurance Claim Number (HIC NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(25)	LEFT	SPACES	18	42	C

DEFINITION: The insured's unique identification number assigned by
                the payor, i.e., health insurance claim number,
                where the adjustment is related to a previously
                processed claim.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-05.0
                 "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Patient Account Number   (PATIENT ACCT NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(17)	LEFT	SPACES	43	59	C

DEFINITION: The number assigned by the provider to identify
                 the patient whose previously processed claim may
                 have initiated an adjustment.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification
                 Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-06.0
                 "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Provider Adjustment Reason   (ADJUSTMENT REASON)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(02)	LEFT	SPACES	60	61	C

DEFINITION: A code that indicates the reason for the provider
               level adjustment.

 CODE VALUES: AP = Advance Payment
               BF = Balance Forwarded
               LP = Student Loan Repayment
               OF = Offset
               IL = IRS Levy
               WH = IRS Withholding
               IN = Interest
               AJ = Adjustment
               RF = Refund
               LF = Late Filing Reduction
               RI = Reissue/Void

 VALIDATION: If entered, must be a valid code from the above
               list.

 REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-07.0
                "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Adjustment Amount   (ADJUSTMENT AMOUNT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	S9(5)V99	RIGHT	ZEROS	62	68	C

DEFINITION: Provider adjustment amount. The adjustment amount
               is to the total provider payment and is not
               related to a specific claim or service in this
               transmission.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If 700-06.0 has a value of IN (Interest), the
               occurrence of this field would be the computed
               sum of all late refund interest to be withheld from the
               provider's payment.

               If 700-06.0 has a value of LF (Late Filing
               Reduction), the occurrence of this field would
               be the computed sum of all Late Filing Reduction
               (451-07.0).

               If 700-06 has a value of:
                    AP, this will be the Advance Payment
                    BF, this will be the Balance Forwarded
                    LP, this will be the Student Loan Repayment
                    OF, this will be the Offset Amount
                    RF, this will be the Refund Amount
                    AJ, this will be the Adjustment Amount
                    IL, this will be the IRS Levy Amount
                    WH, this will be the IRS Withholding Amount
                    RI, this will be the Reissue/Void Amount

               If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-08.0
                 "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Financial Control Number   (FINANCIAL CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(17)	LEFT	SPACES	69	85	C

DEFINITION: The Financial Control Number (FCN) assigned by the
                payor to identify a specific financial transaction
                adjustment.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD   RECORD/FIELD: 700-09.0
                 "PROVIDER ADJUSTMENT DATA"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(235)	LEFT	SPACES	86	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

BATCH TRAILER RECORD

RECORD TYPE: 800

"BATCH TRAILER RECORD"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD TYPE: 800

LEVEL: BATCH

PURPOSE: The last record of any batch of remittance
                notices sent electronically to the provider.
                It contains information pertinent to balancing
                of each batch within a file.

REQUIREMENTS: An "800" record is required for each batch sent.

ORDER: Preceding   Following
                Record Type   Record Type
                ------------   --------------------
                  500 or 700   900 or 200

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD TYPE: 800

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "800"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SOURCE OF PAYMENT	1	X	14	14
04.0	EMC PROV ID	15	X	15	29
05.0	BATCH NO	4	N	30	33
06.0	BT CLAIM RECORDS	5	N	34	38
07.0	BT SERV DATA REC	5	X	39	43
08.0	BT SUBMITTED CHARGES	9	N	44	52
09.0	BT DISALLOW-COST CONT	9	N	53	61
10.0	BT DISALLOW/NONCOVER	9	N	62	70
11.0	BT ALLOWED	9	N	71	79
12.0	BT DEDUCTIBLE	9	N	80	88
13.0	BT COINSURANCE	9	N	89	97
14.0	BT INTEREST PAID	9	N	98	106
15.0	BT GRAMM-RUDMAN RED	9	N	107	115
16.0	BT AMT PD OTHER PAYOR	9	N	116	124
17.0	BT PROV ADJUSTMENT	9	N	125	133
18.0	BT CALC PAY TO PROV	9	N	134	142
19.0	BT CALC PAY TO PAYEE	9	N	143	151
20.0	BT PREV PAY TO PROV	9	N	152	160
21.0	BT PREV PAY TO PAYEE	9	N	161	169
22.0	BT ACTL PAY TO PROV	9	N	170	178
23.0	BT ACTL PAY TO PAYEE	9	N	179	187
24.0	BT LATE FILING RED	9	N	188	196
25.0	BT AMT PATIENT OWES	9	N	197	205
26.0	FILLER	23	X	206	228
27.0	BT TOTAL PROV ADJ RECS	5	N	229	233
28.0	BT TOTAL PROV ADJ AMT	9	N	234	242
29.0	BT AMT PATIENT PAID	9	N	243	251
30.0	FILLER-NATIONAL	69	X	252	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-01.0

DATA ELEMENT: Record Identifier "800"   (RECORD ID "800")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: The field used to identify the "Batch Trailer
               Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "800".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-02.0

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
               that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must match the "Payor Identification" value
               entered in field 200-02.0.

               See GENERAL INSTRUCTIONS for "Identification
               Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-03.0

DATA ELEMENT: Source of Payment

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(01)	LEFT	SPACES	14	14	R

DEFINITION: A code identifying source of payment for
               this group of claims.

CODE VALUES: A = SELF PAY
               B = WORKER'S COMPENSATION
               C = MEDICARE
               D = MEDICAID
               E = OTHER FEDERAL PROGRAM
               F = COMMERCIAL INSURANCE COMPANY
               G = BLUE CROSS / BLUE SHIELD
               H = CHAMPUS
               I = HMO
               J = FEDERAL EMPLOYEE'S PROGRAM (FEP)
               K = CENTRAL CERTIFICATION
               L = SELF ADMINISTERED
               M = FAMILY or FRIENDS
               Z = OTHER

VALIDATION: Must be entered.

               Must be a valid code from the above list.

               Must match the "Source of Payment" value
               entered in field 200-03.0.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-04.0

DATA ELEMENT: EMC Provider Identifier   (EMC PROV ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(15)	LEFT	SPACES	15	29	R

DEFINITION: The unique number assigned to the provider by the
               payor for EMC identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must match the "EMC Provider Identifier" value
               entered in field 200-04.0.

               See GENERAL INSTRUCTIONS for "Identification
               Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-05.0

DATA ELEMENT: Batch Number   (BATCH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(04)	RIGHT	ZEROS	30	33	R

DEFINITION: A sequential number assigned to each batch of
               claims by the entity that generated this file.

CODE VALUES: 0001 through 9999.

VALIDATION: Must be entered.

               Must be numeric.

               Must match the "Batch Number" value entered in
               field 200-05.0.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-06.0

DATA ELEMENT: BT Claim Records

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	9(05)	RIGHT	ZEROS	34	38	R

DEFINITION: The number of "400" patient claim data records
               in this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-07.0

DATA ELEMENT: BT Service Data Records   (BT SERV DATA RECS)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(05)	RIGHT	ZEROS	39	43	R

DEFINITION: The number of "450" SERVICE DATA- 1 records in
               this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-08.0

DATA ELEMENT: BT Submitted Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	S9(07)V99	RIGHT	ZEROS	44	52	R

DEFINITION: The total submitted charges of the line items for
               this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-09.0

DATA ELEMENT: BT Disallow-Cost Containment
                (BT DISALLOW-COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	S9(07)V99	RIGHT	ZEROS	53	61	C

DEFINITION: The total of the line charges for this batch
               disallowed by the payor due to the failure of
               either the provider or insured to meet the
               cost containment provision of the insurance
               contract, managed care contract or PPO contract
               under which payment has been requested for the
               beneficiaries.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-10.0

DATA ELEMENT: BT Disallow/Noncover

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(07)V99	RIGHT	ZEROS	62	70	C

DEFINITION: The total of the line charges for this batch
               disallowed by the payor for reasons other than
               the failure of the provider or insured to meet
               the cost containment provisions of the insurance
               contract, managed care contract or PPO contract
               under which payment has been requested.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-11.0

DATA ELEMENT: BT Allowed

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	S9(07)V99	RIGHT	ZEROS	71	79	C

DEFINITION: The maximum payment amount determined by the
               payor as being "allowed" under the provisions
               of the contract prior to the determination of
               the actual payment, for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-12.0

DATA ELEMENT: BT Deductible

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	S9(07)V99	RIGHT	ZEROS	80	88	C

DEFINITION: This is the amount applied to the deductible
               by this payor, for this batch.

               The amount deducted, by the payor, from the
               allowed amount in order to meet the contract
               "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-13.0

DATA ELEMENT: BT Coinsurance

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	S9(07)V99	RIGHT	ZEROS	89	97	C

DEFINITION: The amount deducted from this batch, by the
               payor, from the allowed amount in order to meet
               the "co-insurance" provisions of the contract.

               The amount applied toward the coinsurance by
               this payor.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

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ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-14.0

DATA ELEMENT: BT Interest Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	S9(07)V99	RIGHT	ZEROS	98	106	C

DEFINITION: The total interest applied to this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-15.0

DATA ELEMENT: BT Gramm-Rudman Reduction
                (BT GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	S9(07)V99	RIGHT	ZEROS	107	115	C

DEFINITION: The total amount of the Gramm-Rudman reduction,
                for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-16.0

DATA ELEMENT: BT Amount Paid Other Payor
                (BT AMT PD OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	S9(07)V99	RIGHT	ZEROS	116	124	C

DEFINITION: The total amount paid by other payors,
               for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-17.0

DATA ELEMENT: BT Provider Adjustment   (BT PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	S9(07)V99	RIGHT	ZEROS	125	133	C

DEFINITION: The total adjusted amount applied to this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-18.0

DATA ELEMENT: BT Calculated Payment to Provider
                (BT CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(07)V99	RIGHT	ZEROS	134	142	C

DEFINITION: The calculated total payment to the provider
               for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-19.0

DATA ELEMENT: BT Calculated Payment to Payee
                (BT CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(07)V99	RIGHT	ZEROS	143	151	C

DEFINITION: The total calculated payments to the payees,
               (other than the providers), for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-20.0

DATA ELEMENT: BT Previous Payment to Provider
                (BT PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(07)V99	RIGHT	ZEROS	152	160	C

DEFINITION: The amount previously paid to the provider for
               claims in this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-21.0

DATA ELEMENT: BT Previous Payment to Payee
                (BT PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	S9(07)V99	RIGHT	ZEROS	161	169	C

DEFINITION: The amount previously paid to payees (other
               than the providers) for claims in this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-22.0

DATA ELEMENT: BT Actual Payment to Provider
                (BT ACTL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(07)V99	RIGHT	ZEROS	170	178	C

DEFINITION: The actual payment to the provider for this
                batch, including adjustments reported in 700.07.

CODE VALUES: N/A

VALIDATION: This is the actual amount of the "Check Number /
                EFT Tracer Number" (200-02.0) issued to the "EMC
                Provider Identifier" (200-04.0 and 800-04.0)
                identified in this batch.

REMARKS: Required for Medicare.

                This is the computed sum of all claim level
                calculated pay to provider (500-15.0) plus:

                    All adjustment amounts (700-07.0) associated
                    with the following adjustment reasons (700-06):

                        IN (Interest,Net of all 500.11 and of late refund
                           interest)
                        AP (Advance Pay)
                        RF (Refund)
                        OF (Offsets)
                        AJ (negative-signed adjustments)
                        RI (Reissue/Void)
                  Less:

                        All adjustment amounts (700-07.0) associated
                        with the following adjustment reasons (700-06):

                        LF (Late Filing Reduction, Sum of all 451-07)
                        LP (Student Loan Repay)
                        IL (IRS Levy)
                        WH (IRS Withholding)
                        OF (Offsets)
                        AJ (positive-signed adjustments)

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ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-23.0

DATA ELEMENT: BT Actual Payment to Payee
                (BT ACTL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(07)V99	RIGHT	ZEROS	179	187	C

DEFINITION: The actual payment to the payees (other than
               the providers) for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-24.0

DATA ELEMENT: BT Late Filing Reduction   (BT LATE FILING RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(07)V99	RIGHT	ZEROS	188	196	C

DEFINITION: The total amount applied to the Late Filing
                Reduction, for this batch.

CODE VALUES: N/A

VALIDATION: Must be the computed sum of all the CT LATE
                FILING REDUCTION (500-22.0) fields included in
                this batch.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-25.0

DATA ELEMENT: BT Amount Patient Owes   (BT AMT PATIENT OWES)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	S9(07)V99	RIGHT	ZEROS	197	205	C

DEFINITION: The total amount of charges that is patient
               financial responsibility, for this batch.

CODE VALUES: N/A

VALIDATION: Must be the computed sum of all the CT AMOUNT
               PATIENT OWES (500-23.0) fields included in this
               batch.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-26.0

DATA ELEMENT: Filler

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(23)	LEFT	SPACES	206	228	R

DEFINITION: N/A

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-27.0

DATA ELEMENT: BT Total Provider Adjustment Records

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	9(05)	RIGHT	ZEROS	229	233	C

DEFINITION: The number of "700" provider adjustment data records in
               this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-28.0

DATA ELEMENT: BT Total Provider Adjustment Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	S9(07)V99	RIGHT	ZEROS	234	242	C

DEFINITION: The total provider adjustment amount not related to a
               specific claim or service, for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-29.0

DATA ELEMENT: BT Amount Patient Paid   (BT AMT PATIENT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	S9(07)V99	RIGHT	ZEROS	243	251	C

DEFINITION: The total amount paid by the patient, for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD   RECORD/FIELD: 800-30.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	X(69)	LEFT	SPACES	252	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

FILE TRAILER RECORD

RECORD TYPE: 900

"FILE TRAILER RECORD"

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD TYPE: 900

LEVEL: FILE

PURPOSE: The last record of any file of remittance
                notices sent electronically to the provider.
                It contains information pertinent to balancing
                of the file.

REQUIREMENTS: An "900" record is required.

ORDER: Preceding   Following
                Record Type   Record Type
                -------------   --------------------
                   800   NONE

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD TYPE: 900

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "900"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	RECEIVER ID	16	X	14	29
04.0	RESERVED (900-04.0)	9	X	30	38
05.0	SUBMITTER ID	16	X	39	54
06.0	RESERVED (900-06.0)	6	X	55	60
07.0	FT BATCHES	5	N	61	65
08.0	FT PATIENT RECORDS	6	N	66	71
09.0	FT SUBMITTED CHARGES	11	N	72	82
10.0	FT DISALLOW-COST CONT	11	N	83	93
11.0	FT DISALLOW/NONCOVER	11	N	94	104
12.0	FT ALLOWED	11	N	105	115
13.0	FT DEDUCTIBLE	11	N	116	126
14.0	FT COINSURANCE	11	N	127	137
15.0	FT INTEREST PAID	11	N	138	148
16.0	FT GRAMM-RUDMAN RED	11	N	149	159
17.0	FT AMT PD OTHER PAYOR	11	N	160	170
18.0	FT PROV ADJUSTMENT	11	N	171	181
19.0	FT CALC PAY TO PROV	11	N	182	192
20.0	FT CALC PAY TO PAYEE	11	N	193	203
21.0	FT PREV PAY PROV	11	N	204	214
22.0	FT PREV PAY PAYEE	11	N	215	225
23.0	FT ACTL PAY TO PROV	11	N	226	236
24.0	FT ACTL PAY TO PAYEE	11	N	237	247
25.0	FT LATE FILING RED	11	N	248	258
26.0	FT AMT PATIENT OWES	11	N	259	269
27.0	FT AMT PATIENT PAID	11	N	270	280
28.0	FILLER	17	X	281	297
29.0	FT PROV ADJUST RECS	6	N	298	303
30.0	FT TOTAL PROV ADJ AMT	11	N	304	314
31.0	FILLER-NATIONAL	6	X	315	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-01.0

DATA ELEMENT: Record Identifier "900"   (RECORD ID "900")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: The field used to identify the "File Trailer
               Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be "900".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-02.0

DATA ELEMENT: Payor Identification   (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity
               that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must match the "Payor Identification" value
               entered in field 100-02.0.

               See GENERAL INSTRUCTIONS for "Identification
               Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-03.0

DATA ELEMENT: Receiver Identification   (RECEIVER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(16)	LEFT	SPACES	14	29	R

DEFINITION: Identifies the organization designated to
                receive this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

                Must match the "Receiver Identification" value
                entered in field 100-03.0.

                See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-04.0

DATA ELEMENT: Reserved (900-04.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(09)	LEFT	SPACES	30	38	R

DEFINITION: Reserved, unused record space for expansion
               of Receiver ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-05.0

DATA ELEMENT: Submitter Identification   (SUBMITTER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(16)	LEFT	SPACES	39	54	R

DEFINITION: Identifies the organization that created this
                remittance file.

CODE VALUES: N/A

VALIDATION: Must be entered.

                Must match the "Submitter Identification" value
                entered in field 100-05.0.

                See GENERAL INSTRUCTIONS for "Identification
                Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-06.0

DATA ELEMENT: Reserved (900-06.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(06)	LEFT	SPACES	55	60	R

DEFINITION: Reserved, unused record space for expansion
                of Submitter ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

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ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-07.0

DATA ELEMENT: FT Batches

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	9(05)	RIGHT	ZEROS	61	65	R

DEFINITION: The number of "200" batch records in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-08.0

DATA ELEMENT: FT Patient Records

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	9(06)	RIGHT	ZEROS	66	71	R

DEFINITION: The total number of "400" claims in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-09.0

DATA ELEMENT: FT Submitted Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	S9(09)V99	RIGHT	ZEROS	72	82	R

DEFINITION: The total submitted charges of the line items
               for this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

               Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-10.0

DATA ELEMENT: FT Disallow-Cost Containment
                (FT DISALLOW-COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(09)V99	RIGHT	ZEROS	83	93	C

DEFINITION: The total of the line charges for this file
               disallowed by the payors due to the failure of
               either the provider or insured to meet the
               cost containment provision of the insurance
               contract, managed care contract or PPO contract
               under which payment has been requested for the
               beneficiaries.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-11.0

DATA ELEMENT: FT Disallow/Noncover

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	S9(09)V99	RIGHT	ZEROS	94	104	C

DEFINITION: The total of the line charges for this file
                disallowed by the payors for reasons other than
                the failure of the provider or insured to meet
                the cost containment provisions of the insurance
                contract, managed care contract or PPO contract
                under which payment has been requested.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-12.0

DATA ELEMENT: FT Allowed

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	S9(09)V99	RIGHT	ZEROS	105	115	C

DEFINITION: The maximum payment amount determined by the
               payors as being "allowed" under the provisions
               of the contract prior to the determination of the
               actual payment, for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-13.0

DATA ELEMENT: FT Deductible

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	S9(09)V99	RIGHT	ZEROS	116	126	C

DEFINITION: This is the amount applied to the deductible
               by the payors, for this file.

               The amount deducted, by the payors, from the
               allowed amount in order to meet the contract
               "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-14.0

DATA ELEMENT: FT Coinsurance

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	S9(09)V99	RIGHT	ZEROS	127	137	C

DEFINITION: The amount deducted from this file, by the
                payors, from the allowed amount in order to
                meet the "co-insurance" provisions of the
                contract. The amount applied toward the
                coinsurance by the payors.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-15.0

DATA ELEMENT: FT Interest Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	S9(09)V99	RIGHT	ZEROS	138	148	C

DEFINITION: The total interest applied to this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-16.0

DATA ELEMENT: FT Gramm-Rudman Reduction   (FT GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	S9(09)V99	RIGHT	ZEROS	149	159	C

DEFINITION: The total amount of the Gramm-Rudman reduction,
               for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-17.0

DATA ELEMENT: FT Amount Paid Other Payor
               (FT AMT PD OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	S9(09)V99	RIGHT	ZEROS	160	170	C

DEFINITION: The total amount paid by other payors, for this
               file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-18.0

DATA ELEMENT: FT Provider Adjustment   (FT PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(09)V99	RIGHT	ZEROS	171	181	C

DEFINITION: The total adjusted amount applied to this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-19.0

DATA ELEMENT: FT Calculated Payment to Provider
                (FT CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(09)V99	RIGHT	ZEROS	182	192	C

DEFINITION: The calculated total payments to the provider(s),
               for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-20.0

DATA ELEMENT: FT Calculated Payment to Payee
                (FT CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(09)V99	RIGHT	ZEROS	193	203	C

DEFINITION: The total calculated payments to the payees
               (other than the provider[s]), for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-21.0

DATA ELEMENT: FT Previous Payment to Provider
                (FT PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	S9(09)V99	RIGHT	ZEROS	204	214	C

DEFINITION: The total amount previously paid to the
                provider(s), for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-22.0

DATA ELEMENT: FT Previous Payment to Payee
                (FT PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(09)V99	RIGHT	ZEROS	215	225	C

DEFINITION: The total amount previously paid to payees (other
               than the provider[s]), for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-23.0

DATA ELEMENT: FT Actual Payment to Provider
                (FT ACTL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(09)V99	RIGHT	ZEROS	226	236	C

DEFINITION: The total amount actually paid to the
               provider(s), for this file.

CODE VALUES: N/A

VALIDATION: This is the computed sum of all the "BT Actual
               Payment to Provider" (800-22.0) fields in this
               file.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-24.0

DATA ELEMENT: FT Actual Payment to Payee
                (FT ACTL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(09)V99	RIGHT	ZEROS	237	247	C

DEFINITION: The total amount actually paid to payees (other
                than the provider[s]), for this file.

CODE VALUES: N/A

VALIDATION: This is the computed sum of all the "BT Actual
                Payment to Payee" (800-23.0) fields in this file.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-25.0

DATA ELEMENT: FT Late Filing Reduction   (FT LATE FILING RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	S9(09)V99	RIGHT	ZEROS	248	258	C

DEFINITION: The total amount applied to the Late Filing
               Reduction, for this file.

CODE VALUES: N/A

VALIDATION: This is the computed sum of all the "BT Late
               Filing Reduction" (800-24.0) fields in this
               file.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-26.0

DATA ELEMENT: FT Amount Patient Owes   (FT AMT PATIENT OWES)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	S9(09)V99	RIGHT	ZEROS	259	269	C

DEFINITION: The total amount of charges that is patient
                financial responsibility, for this file.

CODE VALUES: N/A

VALIDATION: This is the computed sum of all the "BT Amount
                Patient Owes" (800-25.0) fields in this file.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-27.0

DATA ELEMENT: FT Amount Patient Paid   (FT AMT PATIENT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	S9(09)V99	RIGHT	ZEROS	270	280	C

DEFINITION: The total amount the patient paid, for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-28.0

DATAELEMENT: Filler

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(17)	LEFT	SPACES	281	297	R

DEFINITION: Unused record space reserved for National Use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-29.0

DATA ELEMENT: FT Provider Adjustment Records
                (FT PROV ADJUST RECS)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	X(06)	RIGHT	ZEROES	298	303	R

DEFINITION: The number of "700" provider adjustment records
                in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

                Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-30.0

DATA ELEMENT: FT Total Provider Adjustment Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	S9(09)V99	RIGHT	ZEROS	304	314	C

DEFINITION: The total provider adjustment amount not related to
                specific service or claim, for this file.

CODE VALUES: N/A

 VALIDATION: This is the computed sum of all the "BT Total Provider
                Adjustment Amount" (800-28.0) fields in this file.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD   RECORD/FIELD: 900-31.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
31.0	X(06)	LEFT	SPACES	315	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

END OF REMITTANCE ....